

. CLAIMS ONLY							Application Number <span style="font-size: 1.2em; font-family: cursive;">10 556 808</span>		Filing Date		
Applicant(s)							May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	1										
Total Depend	17										
Total Claims	18										
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